40th Plenary Meeting of the South-eastern Europe Health Network

11 July 2018,
Tel Aviv, Israel

SUMMARY REPORT

ON

THE 40th PLENARY MEETING OF THE SEE HEALTH NETWORK

11 JULY 2018,
TEL AVIV, ISRAEL

SEE HEALTH NETWORK MEMBER STATES

PARTNERS

The South-eastern Europe Health Network expresses its highest appreciation to the Ministry of Health of Israel, the SEEHN Presidency (January - June 2018), for its efficient and high quality continuous political and technical leadership and support

Family photo: Ministry of Health of the State of Israel

ABBREVIATIONS

ALB	Albania
AP	Action Plan
BiH	Bosnia and Herzegovina
BUL	Bulgaria
CDs	Communicable Diseases
CRO	Croatia
EHN	EuroHealthNet
ECDC	European Centre for Disease Prevention and Control
EHII	European Health Information Initiative
EU	European Union
Ex COM	Executive Committee
HIS	Health Information Systems
IHR	International Health Regulation
ISS	Instituto Superiore di Sanita
MDA	Republic of Moldova
MKD	Republic of Macedonia
MNE	Montenegro
MOH	Ministry of Health
MoU	Memorandum of Understanding
MS	Member States
NCDs	Noncommunicable Diseases
NGO	Non-Governmental Organisation
NHC	National Health Coordinator
RCC	Regional Cooperation Council
RHDC	Regional Health Development Centres
SDG	Sustainable Development Goals
SECID	Southeast European Centre for Surveillance and Control of Infectious Diseases
SEE	South Eastern Europe
SEEHN	South Eastern European Health Network
SOPs	Standard Operating Procedures
SRB	Serbia
SRH	Sexual and Reproductive Health
WHO	World Health Organisation

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SUMMARY REPORT

1. INTRODUCTION

The Israeli Presidency of the South-eastern Europe Health Network (SEEHN) organised and hosted the 40th SEEHN Plenary Meeting in Tel Aviv, Israel, on 11 July 2018.

National Health Coordinators of SEEHN Member States, partner countries and partner international organisations, SEEHN Regional Health Development Centres (RHDC) directors and some of the Ambassadors of the SEEHN Member States accredited to Israel attended the event. The final list of participants is presented in Annex 1 of this Report.

The purpose of the meeting was to discuss the SEEHN major developments, activities and challenges during the term of the Israeli Presidency (SEEHN Presidency Report January - June 2018) and the future presidency (June 2018 – June 2019, Republic of Macedonia).

The 40th Plenary adopted the Programme of the event as developed and suggested by the SEEHN Executive Committee and Secretariat and presented in Annex 2 of this Report.

As a follow-up to the commitments of the SEE Ministers of Health, as stipulated in the Chisinau Pledge, endorsed during their Fourth Ministerial Forum in 2017, as well as based on the priorities agreed in the Israeli Presidency Roadmap of the SEEHN in 2018, the 40th Plenary dealt with several important strategic matters:

1. Discussing and approving the Chisinau Pledge Action Plan 2017-2020, objectives, measures and health indicators, as a Strategic Framework for the SEE Member States,

2. Identifying what follow-up actions are required to ensure the commitments of the 'Statement of Intent', as an outcome document of the Montenegro Ministerial Meeting, continue to be implemented, and to better understand what joint actions, partnership and collaboration can be strengthened and scaled up to tackle shared immunisation programme challenges at the SEE regional level,

3. Further strengthening of the working relationship between SEEHN Member States, partners and stakeholders.

4. Taking stock of the Ministerial Meeting outcomes on "Ensuring Primary Health Care for the Aging Population", held on 10 July in Tel Aviv, and ensuring follow-up action at the SEE regional level.

Additionally, the Plenary took important decisions on the following priority technical and business issues: SEEHN Secretariat (programme, administrative and financial issues and ongoing activities); RHDCs (final draft SOPs and agreement to approve the document in the following two weeks); SEEHN Memorandum of Understanding (outcome of the technical meeting of the SEEHN legal advisers held on 17-18 May 2018 in Belgrade, Serbia); EC/TAIEX (challenges and activities in

implementing the Action Plan); partners (joint activities); and, finally, a new strategic project proposal relating to the establishment of a Regional Health Information Centre in partnership with WHO EURO.

2. DISCUSSIONS

2.1. SESSION 1: OPENING

Ms. Einav Shimron, Israeli National Health Coordinator (NHC), welcomed the participants to Tel Aviv and opened the 40th Plenary Meeting during the Israeli SEEHN Presidency.

She then passed the floor to **Dr Mira Jovanovski-Dasic,** Head of the SEEHN Secretariat, who greeted the audience and introduced the 40th SEEHN Plenary Meeting, which focused on "*Ensuring Primary Health Care for an Aging Population*". Dr Dasic referred to the problem of the aging population worldwide, the challenges it poses for health care and the need for an adequate response of the health systems. After summarizing the outcomes of the SEEHN Ministerial Meeting held the previous day in Tel Aviv, she went on to present the 40th Plenary Meeting programme.

Dr Dasic concluded that this meeting was the result of the joint efforts of the Ministry of Health of Israel, the SEEHN and its Secretariat. She thanked all for the excellent organisation and wished everyone a successful Plenary Meeting.

Dr Dasic passed the floor to **Dr Lucianne Licari**, Director of the WHO Country Relations and Communication, Special Representative of the Regional Director to the SEEHN, to convey the Regional Director's message. Dr Licari emphasised the importance of the political commitment of the SEEHN Member States to address common health issues in the sub-region, as well as the intense collaboration strengthened lately on the basis of the Chisinau Pledge. This commitment was shown during the Ministerial Meeting in Podgorica as well as the one held the day before the Plenary, and it will continue with 2 more meetings planned for the following months in order to meet the SDGs 2030 Agenda. The next step was to sign an agreement with the Secretariat (as a sub-regional cooperation strategy), which is unique to the European Region (there is only one similar one in the AMRO Region). Dr Licari stressed that the Chisinau Pledge, together with its Action Plan, is a very strong instrument, and she encouraged the other partners of the SEEHN to pursue the objectives of the Chisinau Pledge, support countries and advise them in the implementation of the Action Plan. The WHO will continue to work closely with the countries individually and with the Network as a whole. The WHO stays committed to our sub-region, especially in the area of immunisation and noncommunicable diseases prevention.

Dr Mira Jovanovski-Dasic proceeded with the nominations of **Dr Silvia Bino**, NHC ALB, and **Dr Tatiana Paduraru,** Technical Officer of the SEEHN Secretariat, as Meeting rapporteurs. This was followed with the adoption of the proposed Scope and Purpose, Agenda and Programme of the 40th SEEHN Plenary Meeting.

2.2. SESSION 2: AGING - HEALTH CHALLENGES

Session 2 on the topic "Aging – Health Challenges" was chaired and facilitated by Dr Mira Dasic.

Dr Dasic gave a short introduction to the session with the snapshot of the key recommendations of the WHO on the aging population. Dr Dasic explained that the demographic change is putting new challenges to the health systems, specifically more demands on primary health care and long term care as the number of people aged 60 years and older will outnumber the children younger than 5 years by the year 2020. She called that this fact should be taken not only as a challenge, but also as an opportunity to adapt health systems to new realities. Capacity building in this area should be the priority in order to have larger number of trained professionals, as well as adequate environment to respond to the demands of the older population growing faster than in the past, especially in the low- and middle- income countries.

She invited **Mr Nir Kaidar,** Senior Deputy Director General for Strategic and Economic Planning, to deliver his presentation "Israeli Healthcare System Preparedness for an Aging Population". Mr Kaidar gave an overview of the Israeli health system, which was followed by a demographic picture of Israel focusing on the growing number and proportion of the elderly in the population demonstrated by the population pyramid through the years. Mr Kaidar also presented the prevalence of chronic diseases among the elderly, which model service consumption characteristics and have an impact not only on the health sector, but also on the social and financial sectors. He discussed the social effects of the health challenges in the elderly and presented a number of national programmes related to this issue, emphasizing the importance of home and community care. He gave several examples of medical technology improving the care of the elderly, the quality of health care and, consequently, the quality of their lives. Medical manpower, but also the capacities of the social services and municipalities should change to meet the demands in this area of health care. The importance of teamwork was stressed as well. The hospital of the future should be adapted to fulfil all the needs of the elderly, as well as those of children, women, etc. The perception of old age should be changed as well and seen as an opportunity rather than as time of illness and poor quality of life.

Afterwards, **Ms Chaya Greenberger and Ms Shana Gottesman** delivered their presentation: "Geriatric Nurse Practitioners: Making the Difference in Elderly Care". **Ms Chaya Greenberger** presented data related to the aging population and life expectancy worldwide. Increasing life expectancy and enhancing the quality of life should be the subject of an interdisciplinary team in a patient centred system, where nurse practitioners play an important part. Ms Greenberger presented nurse practitioners' education and training, as well as their integration in the system, as they are regulated in Israel. She also presented the criteria for admission and the competencies of the nurse practitioners working with the elderly.
Ms Shana Gottesman continued the presentation by describing nurse practitioners' work and explaining how they make the difference and what they do on a daily basis through a case study presentation.

The presentation: "Adding Life to Years, and not (just) Years to Life: The Challenge to Maintain the Quality of Life for the Disabled Population" was delivered by **Dr Tzaki Siev-Nev**, Orthopaedic Surgeon, Physical Medicine and Rehabilitation, Director of the Rehabilitation Division in the Ministry of Health of Israel. He presented medical care indicators, procedures and the improvement of rehabilitation of the elderly through common health issues among the elderly such are: hip

fractures, osteoporosis, stroke and falls. He explained why investment in rehabilitation actually saves money by shortening hospitalisation, decreasing the load on the family, through rehabilitation programmes at hospital but also at community level, which are cheap, simple and accessible. He gave examples on how knowledge of relevant (basic) science (neurobiology, behavioural and social sciences, pharmacology) can be translated into qualified clinical practice for optimally "custom tailored" personalised medicine such as engaging virtual reality or enabling tele-rehabilitation.

In the second part of the session there was a round table with the countries presenting their own challenges and experiences in the area of health due to the aging population.

Dr Silvia Bino, Director of the Southeast European Centre for Surveillance and Control of Infectious Diseases (SECID), presented the situation in **Albania**. She pointed out that they had prepared an Action Plan on the aging population as it is an increasing part of the population. There are organisations related to the health system working closely with medical faculties to prepare programmes referring to the problem. The analysis they made in the country shows that there is a gap between social and health care for the elderly. The related ministries have merged recently and they currently work on filling the gap. They also identified that hypertension is a very prevalent condition among the elderly, which is not different than among the rest of the population. Building specialised services and training geriatric nurses are one of the next steps to be taken in Albania.

Dr Goran Čerkez, NHC BiH, stated the importance of exchanging experience and ideas among our countries in order to improve the national health systems, which was the objective of the meeting on dementia in the Western Balkans, held recently in Federation BiH. He pointed out that there are several healthy aging centres in BiH, and that even more are needed to develop community support and support through social and health programmes in cooperation with NGOs. There was a survey conducted on the effects of these centres. During the last year there were a lot of activities to tackle dementia among elderly. He numbered the challenges to work on, such as economic and social issues, but also inter-sectoral cooperation. **Dr Jelena Daković-Dević** presented the situation in the **Republic of Srpska**, regarding the aging population. The Policy for the Improvement of Health of the Population of the Republic of Srpska by the Year 2020 was adopted in 2012. The Government of the Republic of Srpska prepared the Draft Strategy for the Improvement of the Status of the Elderly in the Republic of Srpska for the period from 2018 to 2027 and this document is in the process of adoption. The challenges include: vulnerability to social exclusion of the elderly, association of several chronic diseases, the impossibility of meeting all health needs, adjustment of the health system to the needs of the elderly, society's approach towards this population group.

Dr Angel Kunchev, NHC, presented the situation in **Bulgaria**, stating they face a similar problem as the most Member States regarding this issue. The proportion of the aging population is growing fast due to low fertility and high emigration rates. The prevalence of noncommunicable diseases (NCDs), pursuing universal health coverage and lowering the out-of-pocket expenditures, premature mortalities are the problems that the government is working to resolve.

Dr Vladimir Milosev, NHC, stated that the **Republic of Macedonia** adopted a National Strategy for the Elderly 2010-2020. In order to fully implement this strategy, a National Coordination Body for Monitoring and Evaluation has been established. In addition, a Programme for Providing Funds for Hospital Treatment without Participation for Persons of Old Age, Disability etc. was introduced in 2016 as well as a Programme for Financial Support for Older People's Homes. In the Republic of

Macedonia there are five public and 24 private institutions for accommodation of elderly people and 34 retirement homes. The regional project "Social Inclusion Activities for the Elderly" has been implemented since February 2016 and there are several activities conducted by the Red Cross of the Republic of Macedonia in support of the elderly.

Mr Nikola Antovic, NHC MNE, presented the organisation of a three-level healthcare system in **Montenegro.** Health care services are provided to the elderly at primary health care level, where the family doctor monitors the person throughout their life and observes all the risk factors for their health. The doctor refers the patient to the secondary and tertiary level of health care, depending on the health needs of the healthcare user himself. The basic institution for meeting the health needs of the elderly in Montenegro is the Health Centre with a family doctor for adults, together with the Support Centre (i.e. Centre for Prevention of Complications of Diabetes). Family doctors, with the support of community nurses, provide the necessary home care health services. Persons over the age of 65 are exempted from paying for health services as well as for the cost of dental services. There are three homes for the elderly in MNE. The health care of the elderly population requires work in multidisciplinary teams and building a network of trained healthcare practitioners, family caregivers, volunteers with specific roles and functions across the different levels of care and within the community. MNE MoH has planned a budget for 2019 to strengthen the cooperation with NGOs giving special focus on the health protection of the elderly with Alzheimer and other mental disorders.

Ms Rodica Scutelnic, NHC, presented the **Moldova** framework on the issue. The specific objectives of the National Health Policy is to improve the health of older people and there is also a Programme for integrating old age health issues into all policies. In accordance with the National Programme of Mandatory Health Insurance, insured persons, including the elderly people, benefit from several types of healthcare (emergency medical care at pre-hospital stage; primary care; hospital care; dental care; high performance medical services; home medical care). MoH has a national standard of home medical care which is provided to the patient at home by a medical practitioner trained in the field. The common challenges of the most of the SEEHN Member States are shared by MDA as well. These include: uneven distribution of medical care services; reduced capacities of healthcare providers, including those of the multidisciplinary team; insufficient human resources and service providers, etc.

Dr Cristian Vasile-Grasu, NHC, presented the situation in **Romania**. Romania is witnessing rapid aging with an old dependency ratio of 25.9% and a total dependency ratio of 49%. The National Strategy for the Promotion of Active Aging and the Protection of the Elderly for the Period 2015-2020 is one of the documents related to the issue that was adopted in Romania and one of its objectives is to prepare the health care system to provide services to the elderly. Romania tackles the issue with multiple activities: capacity building (increased number of college graduates (residents) specializing in geriatrics, recruiting them into the health system workforce, and improving the training of other professionals in the medical system on comprehensive case management of fragility, multiple morbidity and distance monitoring of health), improved access to innovative treatments, measures to decrease pharmaceutical prices and to improve access to medicines, new preventive programmes in progress, etc. Few of the challenges are: the present health system is not prepared well to face the complex issues related to population aging, there are limited health programmes or services aimed at the elderly population, especially in rural areas, the population aging process will trigger a significant increase in health service demand and consumption, including drugs, hence growth of public expenditure on health is expected.

Dr Danijela Urošević, NHC, presented the situation in **Serbia** stating that a National Programme for Maintaining and Improving the Health of Senior Citizens was adopted in 2017. The Institutes of Public Health in cooperation with the Institutes of Gerontology and Palliative Care coordinate and monitor activities. Local Health Centre organises and implements the Programme on the territory for which it was established by creating a team composed of a team leader, the head of the general medicine department, a nurse, a social worker and a representative of the local municipality. The challenges they are facing are: funding, poor accessibility of health services in rural areas and problematic protection of the rights of elderly patients due to the centralised bureaucratic approach and legal constraints.

Ms. Einav Shimron thanked all the presenters and pointed out once again that sharing knowledge and experience is very important for all the members and it could lead to the improvement of the health systems at national level.

2.3. SESSION 3: CHISINAU PLEDGE ACTION PLAN IMPLEMENTATION

Since Dr Licari had to leave due to unforeseen circumstances, **Dr Mira Jovanovski-Dasic** gave the introduction and presented the background to the Chisinau Pledge's implementation. Dr Dasic reminded the participants that there are 9 Member States of the Network, 18 partners of the Network, 2 of which are partner countries, and 10 RHDCs, and that all should contribute by delivering activities to implement the Chisinau Pledge. A special focus is put on the RHDCs as they are essential for this process and have to be active and operational. The countries, that is, MoHs through their NHCs, should decide if they will have and support the respective RHDCs as well as the areas these are designated for. Some countries might want to change the area of work of the Centre, or have more than one Centre. Still, RHDCs need to be regional leaders rather than national leaders only. The partners are very important to the Network. They are not there to sign MoUs and be present at meetings. They are there for cooperation and support, so it is very important for Member States to know what the partners want to do with them, and what Member States want to do with the partners. Dr Dasic gave an overview of the commitments made with the signing of the Chisinau Pledge. After the ministerial forum in Chisinau there was a Plenary Meeting in Sofia, during the Bulgarian Presidency, when the cooperation with the WHO was initiated to help the implementation of the Pledge. This was followed by the meeting in Podgorica, with NHCs, RHDCs' representatives and WHO country offices presenting the Chisinau Pledge Action Plan with the support of the WHO EURO. She announced the signature of the Sub-Regional Cooperation Strategy with the WHO 2018-2023 and expressed hope to have similar activities with other partners.

Dr Čerkez commented on the role of the Secretariat in the past and the present. He also commented on the role of the Regional Cooperation Council (RCC) as a founding partner and the part they could play in the cooperation with the SEEHN, the opportunities to be seized ahead and the projects to be foreseen.

2.4. SESSION 4: DISCUSSIONS AND REFLECTIONS ON EMERGENCY PREPAREDNESS IN SEEHN COUNTRIES, IMMUNISATION: FEEDBACK FROM THE MINISTERIAL MEETINGS

Dr Dorit Nitzan, Coordinator of the WHO Health Emergency Programme, presented the very important and powerful instrument, International Health Regulations (IHR), which is legally binding on all states worldwide. Their implementation is a legal obligation, while the WHO must provide support to State Parties for their efforts to respond to IHR obligations. The IHR require all WHO Member States to "have in place capacities to respond promptly and effectively to public health risks and PHEIC". The WHO is working on the two sides of the same coin: increasing access to essential lifesaving health services and public health interventions, and strengthening the health systems, combining operational with normative and technical support. Dr Nitzan explained that IHR Core Capacities (surveillance, human resources, national legislation, policy, etc. - they are explained in the IHR book) are indicators of weaknesses in EPHS and Health System Functions. The WHE is composed of five pillars: Infectious Hazards Management; Country Health Emergency Preparedness; Health Emergency Information and Risk Assessment; Emergency Operations; and Management and Administration. The focus is on results at country level referring to strengthening partnerships, accountability and impact. Dr Nitzan also presented the work they do when working in a country. She referred to the activities in the SEEHN, noting that Albania is a step further from other Member States, with a National Action Plan for Health Security in place.

IHR Core Capacities-
Monitoring and Evaluation

Annual reporting (Mandatory)	After Action Reviews	Simulation Exercises	Joint External Evaluation	National Action Plan for Health Security (NAPHS)	Emergency Risk Communication five-step package
6/9 for 2017	1 in 2018 (ROM)	1 in 2016 (FYROM)	1 in 2016 (ALB) 4 in pipeline (BIH, FYROM, SRB, MDA)	1 pending NAPHS (ALB)	5 to start the process (ALB, BUL, CRO, MNE, FYROM)

Based on their annual reporting, the IHR implementation in the SEEHN Member States (MS) is lower than the WHO European Region's average. It is very important to note the gaps in: human resources and PoE. In addition, legislation, coordination, laboratory, chemical and radio-nuclear related capacities need to be strengthened. Dr Nitzan also referred to the activities on joint procurement of vaccines and medical countermeasures. She emphasised the importance of being ready to respond to health emergencies as readiness means having everything in place before the emergency happens. In the last part of her presentation, Dr Nitzan referred to the health related SDGs as well.

The main message delivered was that "together we can minimise the consequences of the crisis now and in the future".

Dr Silvia Bino commented on the experience of Albania in joint external evaluation that countries are conducting, and the cost of the assessments and evaluations. She emphasised it is important to prioritise the activities to be taken and to be prepared even for external evaluation. The other important issue she raised is the European Cross-Border Directive as most of the MS are in the accession process or members of the EU. She mentioned the activities implemented in this area with SEEHN member countries in the past with support from partners, and the activities planned in the future in view of the collaboration within the SEEHN. Joint vaccine procurement is an activity worth trying although a complicated and a challenging one, and Dr Bino suggested that a separated meeting is needed on the topic. She also raised the issue of measles outbreak in the region, and stressed the need for more work and a coordinated response to this health problem.

Dr Dorit Nitzan agreed on the importance of the issues raised by Dr Bino and asked the Network to decide and prioritise the activities and issues where they could help.

Dr Danijela Urosevic agreed that it is necessary to harmonise the legislation and to fully implement the EU Directive mentioned. She explained that in Serbia they have made the Technical Assessment Report together with the European Centre for Disease Prevention and Control (ECDC), which was followed by developing an action plan, setting priorities and taking further steps.

Dr Silvia Bino commented that ECDC assessment was conducted in Albania as well and that the Directive is translated in the communicable diseases' legislation and is being fully implemented. She repeated that the Directive is to be taken into account and implemented together with the IHR.

Romanian NHC, **Dr Cristian Vasile-Grasu,** shared the opinion of the previous participants and stressed that the Network should act together and that all resources (such as any part of the

infrastructure) in the individual countries might be used by the Network together (i.e. the mobile hospital from Israel, the laboratory from Cantacuzino Institute) to avoid duplication and to have a rapid, coordinated response. The proposal was supported by Dr Einav Shimron, Israeli NHC.

Dr Nitzan agreed that each country's area of excellence should be used and stressed once again that it is necessary to set priorities.

Dr Leventhal commented that there are 2 periods of emergency: in war and after war, the difference being that there is a heroic component in the former, which is lacking in the latter, where only public health remains. The suggestion was to organise a workshop for resource mapping in the SEE region.

Dr Goran Čerkez stated the importance of having information on the capacities of the neighbouring countries in order to use them in case of emergency. He also focused on the importance of mental health in a state of emergency and pointed out that BiH is a pioneer in this area.

Dr Silvia Bino reminded the participants of the assessment of the emergency capacities that was conducted recently and discussed in Chisinau, and gave the example of the Centre for Influenza and the meeting on laboratory emergency capacities that was held in collaboration with WHO EURO at the same time as the Plenary in Sofia.

Dr Luca Rosi (Institute Superiore di Sanita (ISS)) mentioned that the ISS is implementing few projects in SEEHN countries regarding emergencies (i.e on surveillance and laboratories in Serbia) and stated that there are a lot of capacities in the Member States in different areas at national and regional level, and that training should be tailored and carried out in order to reduce the gap at national level.

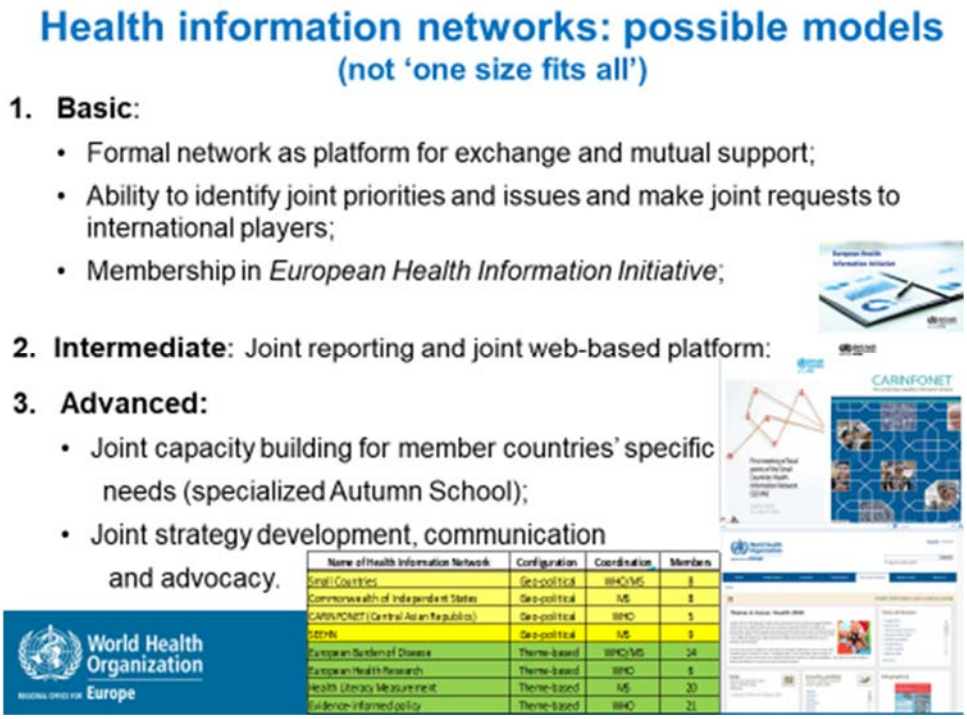
Dr Angel Kunchev raised the same issues of not replicating the areas that are already perfect in some member countries and could be used in the Network, and stressed the importance of having a meeting on the measles outbreak as soon as possible so as not to be too late to respond to the issue. He also expressed concerns regarding the anti-vaccine groups and movements around the SEE Region. Dr Kunchev stressed the importance of joint procurement of vaccines and mentioned the experience they have had with joining process to the common EU procurement platform, which took BUL almost 6 years to implement. He highlighted that it would be good to have ECDC support alongside that of the WHO.

2.5. SESSION 5: RHDCS

Session 5 was chaired and facilitated by **Dr Danijela Urosevic,** Chair of the ExCom. She introduced the idea of a SEE Health Information Network supported by the WHO, which dates back to three years ago and the SEEHN meeting in Albania. The idea emerged from the fact that Member States have similar information systems and health issues. This kind of network within the SEEHN would help foster the reporting and use data to create evidence-based policies and activities. She invited **Dr Claudia Stein**, the Director of the Division of Information, Evidence, Research and Innovation at WHO Regional Office for Europe, to elaborate and give more information on this issue.

Dr Claudia Stein reminded the participants of the Decision of the SEEHN Member States to establish a SEEHN Health Information Network taken in Chisinau in 2017. She presented the European Health Information Initiative (EHII), its participants and past activities, as well as the organisation and mode of functioning of the networks under the EHII. Some of the SEEHN countries are already participating. For example, Montenegro is already a member of the Health Information Network of the Small Countries and is the vice-chair of this network. Dr Stein explained the model of functioning of such a network using the example of the Small Countries Health Information Network, its influence on the European Health Information Gateway and the indicators prepared (rolling average reporting for small countries). EURO public health journal is another way of accessing and disseminating health information. There is also capacity building through the autumn school of health information and evidence for policy making, followed by the advanced school in July. She also presented the Action Plan and Resolution on Evidence-Informed Policy Making and its adoption by the Regional Committee.

Dr Stein presented possible HIN models.



Name of Health Information Network	Configuration	Coordination	Members
Small Countries	Geo-political	WHO/MS	8
Commonwealth of Independent States	Geo-political	MS	8
CARINFONET (Central Asian Republics)	Geo-political	WHO	5
SEEHN	Geo-political	MS	8
European Burden of Disease	Theme-based	WHO/MS	14
European Health Research	Theme-based	WHO	6
Health Literacy Measurement	Theme-based	MS	20
Evidence-informed policy	Theme-based	WHO	21

The steps to be taken include: agreement on the Terms of Reference for the HICNET; decision on the Regional Health Development Centre to coordinate the network; and, in due course, nomination of attendees/focal point of the Health Information Network. She suggested that the SEEHN should at the very least consider active membership in the European Health Information Initiative.

Dr Danijela Urosevic thanked Dr Stein for her informative presentation and passed the floor to Dr Dasic, who raised the question of which country (MoH) would be the host of the Centre and be responsible for it. She proposed that countries should think about this in next 2 months and that MoH

of the host country should apply if they want to support this RHDC (in accordance with the SEEHN procedure of RHDC designation).

Dr Alex Leventhal expressed concern about forming more networks and the rationale behind it, as countries have to report to numerous authorities already, and challenged the audience on the added value of the new structure.

Dr Claudia Stein explained that these networks do not report to anyone, they self-report. The goal is for them to sit together and discuss common problems and ways to resolve them. Some networks have joint statements, where members support each other speaking in one voice. It is more about capacity building and sharing experiences in order to strengthen and improve national reporting mechanisms.

Dr Nebojša Kavarić, representative of the European Centre for Peace and Development, informed the participants about the postgraduate summer school in Montenegro, which finished 20 days before and which dealt with how to save money in health without losing on quality. He stated that in Montenegro there has been an integral information health system for ten years now. He emphasised how important it is for every country to have an IT information system that is functional 24/7.

Dr Claudia Stein agreed that the system has to be live and used with high quality data, which can be accomplished with well-trained people, a well-connected and updated network.

Dr Mira Jovanovski-Dasic continued with the session discussing the revised SOPs, which were revised and distributed to the RHDCs to provide comments. The countries agreed that they need 2 more weeks to be able to provide comments and that after the final comments, the final decision on the SOPs will be adopted.

Dr Danijela Urosevic passed the floor to Dr Horga to present the launching of a regional project on the integration of sexual and reproductive health in emergency and humanitarian risk preparedness in SEEHN countries.

Dr Mihail Horga reminded the participants that one of the specific objectives of the SEEHN Chisinau Pledge Action Plan is to train public health professionals and non-health professionals on how to deal with a crisis situation in terms of sexual and reproductive health. The Regional Health Development Centre on Sexual and Reproductive Health in Romania and the SEEHN partner UNFPA were assigned the role of responsible entities. Sexual and reproductive health (SRH) is a significant public health need in all communities, including those facing emergencies. In emergency and humanitarian situations, there is often a lack of access to SRH services. Therefore, they need to be strengthened in preparation for future events to reduce SRH-related morbidity and mortality in times of emergencies. Ensuring access to priority SRH services in every humanitarian crisis means making sure that everybody can receive life-saving SRH services. In emergency situations where demands on health services are high and time and resources are limited, SRH services are prioritised on the basis of saving lives, optimizing scarce resources and responding to the needs of the affected community.
Dr Horga listed initiatives already existing. The project focuses on building the preparedness and resilience of health systems to emergencies and disasters through training the public health workforce to deal with a crisis situation in terms of sexual and reproductive health, and through raising the

awareness of communities about SRH emergency preparedness. In conclusion countries were invited to join the implementation process.

Dr Urosevic closed the session as there were no additional comments on the project proposal.

2.6. SESSION 7: COOPERATION WITH PARTNERS

The last session of the 40th Plenary was dedicated to the cooperation with partners. It was chaired by **Dr Luca Rosi,** Institute Superiore de Sanita, Roma, Italy. After the introduction, Dr Rosi passed the floor to Mr Gazmend Turdiu from the RCC.

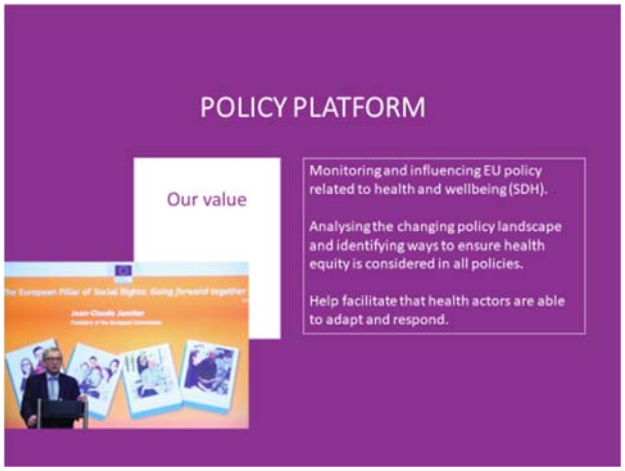
Mr Gazmend Turdiu greeted the participants and started the presentation by informing them about the current activities of the RCC. The RCC continues to coordinate the implementation of the SEE Strategy 2020, where the SEEHN is contributing as well. Health system monitoring continues, whereas the RCC is collecting data from both the Member States and the Secretariat. The fourth edition of the Balkan Barometer was published last week, and there was information on health which Dr Turdiu shared with the participants. Corruption in the health system is still an issue in the region (the third on the list). Vulnerable groups still experience some inaccessibility to health care services. In this respect, the RCC is working with the EU on a project to better integrate the Roma population in 6 Balkan countries and Turkey and to reduce the existing socio-economic gap. Unfortunately, to this day the RCC was unable to extend this project to the other neighbours in the SEE region and perhaps this would be an area where the SEEHN and the RCC would be able to joint efforts. The RCC is working with anticorruption bodies to resolve the existing problem, and there have been some successful implementation activities in the Member States already. Serbia and Moldova have already started their implementation activities, BiH and MNE are in the pipeline, MKD has some issues to solve though the system works on the first come first served basis. The digital agenda for the Western Balkans was launched in Sofia in June and e-health is an important part of it as well. Dr Turdiu said that the RCC is keen on continuing its cooperation with the SEEHN, will meet the commitments they have taken on, and expressed hope that misunderstandings will not stand in the way in the future.

Dr Čerkez asked Dr Turdiu to say a few words on the RCC as there are some new participants in the Network and it is important for them to be informed about the RCC. Dr Turdiu gave a short overview of the history of the RCC from the Stability Pact to the present day and summarised its main activities and progress made until now.

Dr Rosi thanked the RCC for the presentation and passed the floor to Prof. Dr. Miroslaw Jan Wysocki, EuroHealthNet Executive Board Member.

Prof. Dr Miroslaw Jan Wysocki greeted the meeting participants and passed greetings from the Director of the EuroHealthNet, Ms Caroline Costongs. The objectives of the EHN are: tackling persistent health inequalities in Europe, combatting chronic diseases and advocating for health promotion as part of sustainable health systems. A Memorandum of Understanding (MoU) was signed between EuroHealthNet and the SEEHN in March 2012. An application on the Health Promotion Services Tool Box was submitted to EEA and Norway grants in June 2018 (Public Health

Institutes from Bosnia and Herzegovina, Bulgaria, Croatia, Hungary, Lithuania, Portugal, Romania, Serbia, and Slovenia).



EHN makes connections and strengthens links to improve the implementation of HiAP by:

- Engaging with European policymakers and participation in key events
- Forming alliances (children, mental health)
- Working with WHO (circular economy, sustainability)
- Joint statements and campaigns (i.e. #EU4Health)

The value of the EHN is in helping build the evidence base and support the use of this evidence in policy and practice and also in bringing together research bodies, experts, innovators and members to identify and develop new research for health equity. The EHN is the organiser of plenary sessions at the annual European Public Health Conference and coordinates INHERIT Horizon 2020 on achieving healthy and sustainable lifestyles (moving, consuming, living). They work on connecting and informing researchers by contributing to research consortia (CHAIN, HiNews, Health Promotion research) and cooperating with the WHO Health Information Initiative.

Dr Wysocki also presented the EHN communication channels, such as newsletters, blogs, statements, articles, magazines, social media, etc., and their organisational structure.

Dr Luca Rosi continued the session with the info video on the TAIEX instrument, which was sent by the EC DG Neighbourhood and Enlargement.

Dr Mira Jovanovski-Dasic took the floor to remind about the 11 TAIEX applications made by the SEEHN and approved by the TAIEX when Dr Alexandre Berlin was a co-opted member of the SEEHN Executive Committee. In order to implement them, countries (MoHs) need to apply to the EC. Participants from Turkey and Kosovo* should be invited for workshops to take place. Some countries cannot invite them, but if there is an agreement on these invitations at SEEHN level, then it might be possible to invite them, so we need to think about it. A workshop on mental health (BiH) was almost prepared, but cancelled. Macedonia has applied for a regional workshop that should be held in October. The one proposed by Dr Horga would hopefully be the third one. EU countries can participate as expert presenters rather than participants.

Dr Goran Čerkez said that the workshop on mental health is ready; the invitations for the participants from Turkey and Kosovo* are missing. He said that there is no reason not to invite these participants even though they are not part of the Network.

Dr Danijela Urosevic said that this is a sensitive political issue. However, public health is a public issue, so sharing and exchanging opinions and knowledge is very important.

After **Dr Silvia Bino** commented and addressed a question**, Dr Mira Jovanovski-Dasic** explained that first we need to apply for the TAIEXs already approved, and then apply for new ones which will have to be approved at Network level. This will have to be seen in action in the future. Countries need to apply by themselves although the application is approved for the Network.

Dr Alex Leventhal proposed that the Secretariat be the facilitator as these events are Network events rather than country events, although countries need to apply individually.

Dr Luca Rosi closed the session noting that the ISS would like to host one of the future meetings and support it financially and logistically.

Dr Silvia Bino used the opportunity to acknowledge other important partners, such is CDC Atlanta and ECDC from Stockholm, who invest in our region and work closely with us.

* This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

2.7. CLOSED SESSION 6: SEEHN (ATTENDED ONLY BY NHCS)

The closed session of the 40th Plenary was dedicated to the organisational matters of the SEEHN and it was chaired by **Dr Angel Kunchev,** SEEHN NHC, Ministry of Health, Republic of Bulgaria. After the introduction, Dr Kunchev invited Ms. Einav Shimron, NHC and member of the Executive Committee from Israel, to present the Israeli Presidency Report for the period 1 January - 30 June 2018.

Ms. Einav Shimron presented the activities of the SEEHN under the Israeli Presidency briefly, informing about the following main achievements: i) the SEEHN Executive Committee held four meetings; ii) the Chisinau Pledge Action Plan was developed in close partnership with the WHO Regional Office for Europe Divisions; iii) the procedure for developing new SEEHN MoU was launched by engaging legal advisors from SEEHN Member States; iv) SOPs for RHDCs were finalised through a two-round online consultation process and detailed procedures for RHDC evaluation were developed together with a framework template and indicators; v) a new initiative to establish a SEE Health Information Network and, consequently, a Regional Health Development Centre in this area was launched. In the end, Ms. Shimron expressed her sincere gratitude to the SEEHN Secretariat for all the support provided during the Israeli Presidency and wished success to the Republic of Macedonia during its SEEHN Presidency in the forthcoming period.

The session continued with the presentation of the Draft Road Map for the next presidency of the Republic of Macedonia, delivered by **Dr Vladimir Miloshev**, SEEHN NHC, Ministry of Health, Republic of Macedonia**.** He presented the timetable for the activities planned under the Presidency of the Republic of Macedonia for the next year, after which it was approved.

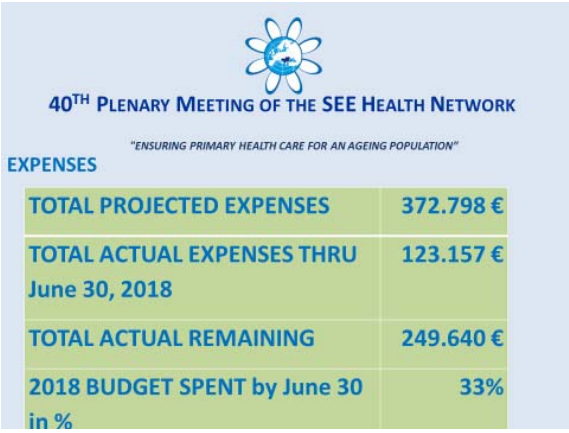
Dr Mira Jovanovski-Dasic presented the proposal that the Republic of Macedonia should have a one-year presidency with the Network, which was discussed and accepted by the Executive Committee as well as by the Ministry of Health of the Republic of Macedonia, considering that the period of six months for presidency (as stipulated in the Memorandum of Understanding of 2008) is very short for the respective SEEHN Member State to commit and deliver more tangible results/activities. The proposal for the Republic of Macedonia to hold the presidency with the SEEHN for the period of one year (1 July 2018 – 30 June 2019) was unanimously accepted by all the NHCs.

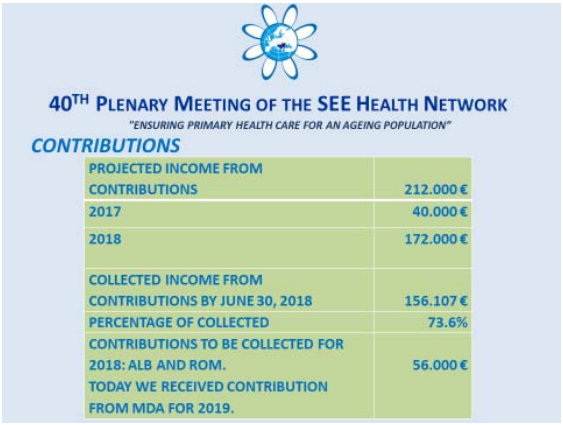
Dr Mira Jovanovski-Dasic went on to share the information about countries expressing interest to become SEEHN Member States, pointing out that at this stage there is no official request submitted. All the details on further steps will be presented additionally and a decision will be taken by the SEEHN Member States. The NHCs acknowledged that the enlargement of the SEE Health Network is a very important issue and should be highlighted as an added value to the Network, which should be addressed in the future.

The session continued with **Dr Goran Čerkez**, SEEHN NHC, Federal Ministry of Health, Bosnia and Herzegovina, delivering a brief overview of the outcomes of the workshop on harmonizing the text of the new SEEHN Memorandum of Understanding held in Belgrade. He explained that the legal advisors unanimously agreed on the option of having a second Amendment to the text of MoU 2008.

This solution makes it easier to follow the internal procedures of the SEEHN countries as opposed to drafting a completely new text of the MoU (refereeing to the need for the Host Agreement on the Establishment of the SEEHN Secretariat to be changed). Dr Dasic noted that this issue was discussed during the 4th meeting of the Executive Committee, held prior to the 40th Plenary Meeting. The proposed changes are small and mainly related to better defining the role and work of the Secretariat and the Executive Committee, i.e. there is no change to the financial contribution or to the organisational structure of the Network. At the same time, since these Amendments should go through national procedures (government or parliament), there is a potential risk of not gaining the commitment and support of all the SEEHN Member States. Therefore, the Executive Committee recommended that the Plenary should approve a Statute of the Secretariat to be elaborated as a new document which would incorporate all the proposed changes. This document should afterwards be accepted by the Plenary. The NHCs accepted the proposal.

The closed session continued with the SEEHN Financial Semi-Annual Report (January-June 2018), presented by Dr Mira Jovanovski-Dasic, Head of the SEEHN Secretariat. Dr Dasic explained that quarterly progress reports are shared with the NHCs.





3. CONCLUSIONS AND RECOMMENDATIONS

1. The 40th Plenary Meeting of the South Eastern Europe Health, convened under the Presidency of the State of Israel, Ministry of Health, completed its objectives successfully;

2. With regard to the overview of the progress of the SEE Health Network's work and its institutions made in the first half of 2018, under the Israeli Presidency, the high level representatives of the Ministries of Health and the National Health Coordinators expressed their gratitude to the Israeli Presidency for the political leadership and professionalism and for performing its duties in the period January – June 2018; in this regard, the Report of the Israeli Presidency for the first half of 2018 was approved by the 40th Plenary of the SEEHN;

3. The SEEHN Member States acknowledged with appreciation the role and continuous support of the WHO EURO, which in close partnership with the Israeli Presidency allowed the organisation of a Ministerial Meeting on Ensuring Primary Health Care for the Aging Population, held on 10 July 2018, in Tel-Aviv.

4. The role of the SEEHN Secretariat in the successful preparation of the 40th SEEHN Plenary Session was acknowledged and congratulated.

5. The proposal for the Republic of Macedonia to have a one-year presidency with the SEEHN for the period 1 July 2018 – 30 June 2019 was unanimously accepted by all the NHCs, considering that the period of six months for presidency (as stipulated in the Memorandum of Understanding of 2008) is very short for the respective SEEHN Member State to commit and deliver more tangible results/activities.

6. The 40th Plenary thanked WHO Regional Office for Europe for its continuous support to the SEEHN Secretariat throughout the Israeli Presidency period, ensuring the SEEHN intervention during all WHO high level meetings, especially the World Health Assembly held in May 2018.

7. The 40th Plenary acknowledged the importance of the aging phenomenon in the SEE region and the challenges it poses for the health systems and committed to further contribute to the *Global Strategy and Action Plan on Aging and Health* through evidence-based policies that strengthen the abilities of older persons; aligning health systems with the needs of older populations, particularly to strengthen universal health care and people-centred and integrated health services; developing systems for providing long-term care (including palliative care).

8. Two achievements were highlighted as ones of paramount importance during the Israeli Presidency: the development of the Chisinau Pledge Action Plan and the commitment to mutual collaboration by signing of the Sub-Regional Cooperation Strategy with WHO 2018-2023 for the implementation of regional activities identified as joint regional priorities.

9. The 40th SEEHN Plenary approved the Chisinau Pledge Action Plan.

10. On the topic of emergency preparedness in the SEEHN countries, there are several common points to be taken forward as follows: to identify the area of excellence, to map those resources

available in the countries and to work together; to identify the priorities and to focus on them, for example: cross-border health, health workforce, emergency services, the linkages between PH – health information; to decide on the support needed from the WHO in order to channel the work with the SEEHN more easily. It was proposed that a separate meeting on measles should be discussed and organised soon.

11. SEEHN NHCs agreed and stressed that the Network should act together and that all resources (such as any part of infrastructure) in individual countries might be used by the Network together (i.e. the mobile hospital from Israel, the laboratory from Cantacuzino Institute) to avoid duplication and to have a rapid, coordinated response if that is necessary in an emergency situation.

12. More attention should be paid to anti-vaccination movements across all countries. A joint procurement mechanism for vaccines is another initiative that might be taken forward although the platform already existing at EU level should be considered and we should capitalise on the experience of the EU countries that we have already within the Network. The SEEHN should consider working jointly with the SECIDS and use the opportunity to launch partnerships on immunisation coverage improvement and regional procurement of vaccines with other important players, such as CDC Atlanta and ECDC.

13. Emphasis was put on the useful and intensive cooperation with the EU and it was recommended that the implementation of 11 multi-country EC TAIEX workshops should start as soon as possible. The Republic of Macedonia has already applied for one workshop, with others in the pipeline.

14. Cooperation with partners has to be enhanced and a way to develop mutual accountability and commitment would be to develop separate Action Plans so that the interventions which are implemented bilaterally can be easily assessed. The SEEHN is open to new partnerships although it is also important to strengthen the existing ones.

15. Active work on improving health data collection in the SEE region needs to be strengthened. WHO EURO provided support and recommended the establishment of a Health Information Network. It was proposed that the SEE Health Information Network should be formed as a new RHDC. The countries (MoH) were invited to consider the opportunity of hosting the Centre. In the next 2 months' applications are expected from those interested in accordance with the SEEHN procedure of RHDC designation.

16. The amendments of the RHDCs SOPs have to be finalised in a month's time and be approved.

17. The 40th Plenary of the SEEHN recommended further strengthening of the collaboration between the RHDCs in their different areas of expertise. In this respect, the Director of the RHDC on Reproductive Health in Romania presented the launching of a regional project on the integration of SRH in health emergencies management in SEEHN countries, which will contribute to the implementation of the Chisinau Pledge Action Plan.

18. A snapshot of the implementation of the SEE 2020 Strategy was presented and a possible area of further cooperation between the SEEHN and the RCC could be to extend the project on

better integration of the Roma population aimed at reducing the existing socio-economic gap (implemented currently in 6 Balkan countries and Turkey) to the other neighbours in the SEE region.

19. Being our partner, the ISS proposed hosting one of the future SEEHN technical meetings and supporting it financially and logistically.

20. The NHCs acknowledged that the enlargement of the SEE Health Network is a very important issue and should be highlighted as an added value to work on in the future.

21. A Statute of the Secretariat should be elaborated as a new document which will define in detail the roles and responsibilities of the SEEHN Secretariat and the Executive Committee in order to facilitate the functioning of the Network.

22. All documents (technical and background documents discussed during the 40th Plenary) were available to the participants at a password protected link: http://seehn.org/40plenary. The presentations viewed during the 40th Plenary of the SEEHN are temporary available at password protected page for 10 calendar days after publishing of the Summary Report. They are available and from the SEEHN Secretariat upon request.

Annex 1 List of Participants

Annex 2 Final Programme